

**Montana Department of Revenue**  
**Report of Tax Withheld on Real Estate Sales or Exchange**

SENATE TAXATION  
EXHIBIT NO. 4  
Form PSW  
DATE 1-25-2013  
BILL NO. SB157

**Part I- Transferor's Information**

Transferor Name		Provide the Last Four Digits of SSN or FEIN <b>Printed on DOR Copy Only</b>	
Spouse's name (if applicable)		Provide the Last Four Digits of Spouse's SSN <b>Printed on DOR Copy Only</b>	
Street address	City	State	ZIP Code
Type of taxpayer: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Estate or Trust			
Address of conveyed property	City	State	ZIP Code
Geocode			

**Part II- Transaction Exempt from Withholding**

By checking this box I affirm that the conveyance of the property described above is not subject to withholding for one of the following reasons:

- ☐ Sales price is less than \$250,000;
- ☐ Foreclosure;
- ☐ Transferor is a Montana resident;
- ☐ The real estate is the principal residence;
- ☐ Part of a 1031 or 1033 exchange; or
- ☐ Transferor is a corporation or pass-through entity incorporated or organized under the laws of Montana.

**Part III- Calculation of Withholding Amount**

- |   |   |
|---|---|
| 1 Sales price   | 1 <input style="width: 100%;" type="text"/> |
| 2 Multiply line 1 by 2.5% (.025) <b>This is your withholding.</b> | 2 <input style="width: 100%;" type="text"/> |

I certify under penalty of false swearing, as provided in 45-7-202, MCA, that the calculated gain or claim for exemption, as shown above, or as documented on an attached schedule, is correct.

Transferor's Signature	Date
Spouse's Signature (if applicable)	Date

Mail this form within 5 days of the closing date to:  
Montana Department of Revenue  
PO Box 5805  
Helena, MT 59604-5805